



Adult Sports Roster Form Adult Volleyball



The following information must be submitted to Parks and Recreation prior to participation in the Adult Volleyball Program. York County Parks and Recreation will use the information provided on this page for verification of eligibility and emergency notification purposes only. The information will be kept on file for the duration of the program.

Team Name:			
Player Name: (Last, First, MI)			
Age:		DOB: / /	SS#:
Address:			
Home Phone Number:			
Work Phone Number:			
Emergency Contact Name:			
Phone Number:			

INDEMNITY/MEDICAL/MEDIA RELEASE (signature required)

I, the below signed, certify the following: 1) that I agree to assume all risks in connection with the York County Adult Volleyball League and do hereby release, absolve, indemnify, and hold harmless the County of York and it's employees and representatives, the York County School Board and its employees and representatives involved with this league; 2) that the responsibility for carrying appropriate medical plans, including hospitalization, lies with the below signed participant; 3) that I have read the Rules and Regulations (by-laws) set forth and agree to abide by them and all other decisions made the Division of Parks and Recreation regarding this league 4) and I give permission for activity videos and photographs to be taken for use in public media as well as official York County publicity, such as York Government Cable Channel, York County Internet web site, publications, displays, and presentations.

SIGNATURE: _____

DATE: _____

YORK COUNTY PARKS & RECREATION ADULT VOLLEYBALL TEAM ROSTER

Team Name:			
Coach:			
Address:			
City, State, Zip			
Home Phone:		Work Phone:	
E-mail Address:			
Assistant Coach:			
Home Phone:		Work Phone:	

Name	York Co. Resident	Roster Form Completed	Coaches Initials
1.	Yes No	Yes No	
2.	Yes No	Yes No	
3.	Yes No	Yes No	
4.	Yes No	Yes No	
5.	Yes No	Yes No	
6.	Yes No	Yes No	
7.	Yes No	Yes No	
8.	Yes No	Yes No	
9.	Yes No	Yes No	
10.	Yes No	Yes No	
11.	Yes No	Yes No	
12.	Yes No	Yes No	

I, the below signed, certify the following: 1) the information provided by the members of our team is accurate to the best of my knowledge 2) I will communicate information, schedules, policies, rules and regulations to the members of my team, 3) I will only play eligible players 4) and I understand that failure of my team to abide by the rules and regulations may result in suspension of our team from the program.

Signature:_____

Date:_____